

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA**

IN RE:

CASE NO:

Debtor(s)

**MONTHLY REPORT OF INDIVIDUAL DEBTOR IN POSSESSION/TRUSTEE
FOR THE MONTH OF _____, 20__**

PART A: CERTIFICATIONS

1. Yes___ No___ All tax returns coming due post petition have been filed or extensions granted.
2. Yes___ No___ All administrative expenses [postpetition obligations] including taxes are current.
3. Yes___ No___ All insurance remains in full force and effect in accordance with Local Bankruptcy Rule No. 4002-1(b)(1)(c).
4. Yes___ No___ New books and records were opened as of the petition date and are being maintained monthly and are current.
5. Yes___ No___ New DIP bank accounts were opened and are reconciled in accordance with Local Bankruptcy Rule No. 4002-1(b)(1).
6. Yes___ No___ Pre-petition bank accounts have been closed.
7. Yes___ No___ Prepetition debts [obligations due on or before the filing of the case] have not been paid *since the filing of this case*.
8. Yes___ No___ Prepetition debts [obligations due on or before the filing of the case] have not been paid *this reporting period*.
9. Yes___ No___ The only transfers of property made during this period were transfers which were in the ordinary course of business.
10. Yes___ No___ Estate funds which are on deposit in banking institutions are fully covered by FDIC or FSLIC insurance of \$100,000.00.
11. Yes___ No___ Copies of the corresponding bank statements are attached for each open account.
12. Yes___ No___ If this report falls on the calendar quarter, the Debtor has paid the Chapter 11 quarterly fee.

SUPPLEMENT TO PART A:

EXPLANATION OF CERTIFICATIONS REFLECTED AS "NO"

1. Tax returns not filed:

2. Administrative expenses [postpetition] other than taxes not current:

Type _____ and amount \$____ unpaid.

Type _____ and amount \$____ unpaid.

When will the Debtor bring these payments current?:

3. Description of uninsured estate property, reasons why and steps implemented to obtain insurance:

a.

b.

4. Reason/explanation why new books and records have not been opened:

5. Reason/explanation why new bank accounts have not been opened:

6. Reason/explanation why old bank accounts have not been closed:

7. List all prepetition debts which were paid since the petition date including the name and address of the creditor paid, the amount paid, and the justification for the payment. [do not include payments to secured creditors or lessors under an adequate protection agreement.]

8. List all prepetition debts paid this reporting period in the format identified in #8 above:

9. **List all property which was sold/transferred outside the ordinary course of business and whether prior authority for such transfer[s] was obtained from the court:**
10. **If funds are not fully covered by FDIC or FSLIC insurance of \$100,000.00, provide name of bank[s] wherein estate monies are deposited and the balance of all accounts therein.**
11. **Reason/explanation why bank statements were not attached:**
12. **Reason/explanation why Debtor has not paid the Chapter 11 quarterly fee:**

I declare under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge and belief.

Respectfully submitted this ____ day of _____, 20__.

Debtor in Possession

I certify that the information contained in this report is true and correct to the best of my knowledge and belief.

Date: _____

Attorney for Debtor
Name, Address and Phone Number
of Attorney for Debtor In
Possession/Trustee

**ATTACHMENT TO CHAPTER 11 MONTHLY REPORT
FOR THE MONTH OF _____, 20____
PART B:**

**SUMMARY OF CASH RECEIPTS AND DISBURSEMENTS
CASH ACTIVITY ANALYSIS FOR INDIVIDUAL DEBTORS**

NATURE/TYPE OF ACCOUNT: ___Checking;
 ___Savings;
 ___Other: _____

*** All items must be answered. Any which do not apply should be answered "none or "N/A".**

1. Cash on Hand \$_____

2. Income or receipts during the reporting period:

A. Salary and commissions	\$_____
B. Interest or dividends	\$_____
C. Rent	\$_____
D. Other Income	\$_____

(describe on attachment)

Total Income or Receipts (Add lines 2a - 2d) \$_____

3. Expenses:

A. Taxes	\$_____
B. Utilities	\$_____
C. Mortgage and rent	\$_____
D. Insurance premiums	\$_____
E. Food	\$_____
F. Medical/dental	\$_____
G. Loan payments	\$_____
H. Transportation	\$_____
I. Clothing	\$_____
J. Gifts and donations	\$_____
K. Tuition/education	\$_____
L. Other (attach list)	\$_____

Total Disbursements (Add lines 4a - 4l) \$_____

4. Balance at end of the reporting period
(add line 1 to total income, then subtract total disbursements) \$_____

SUMMARY OF BANK ACCOUNT INFORMATION

5. Total bank balance = \$_____

6. Plus uncleared deposits _____

7. Less uncleared checks _____

8. Reconciled balance: *\$_____

BANK NAME **ACCOUNT NUMBER** **NATURE OF ACCOUNT**

*If item #5 differs from Item #8, please explain:

**ATTACHMENT TO CHAPTER 11 MONTHLY REPORT
FOR THE MONTH OF _____, 20____**

PART C:

STATEMENT OF STATUS OF PAYMENTS MADE TO SECURED CREDITORS

SECURED CREDITORS:

1. [name]_____Regular contracted payment \$____ per ____
Adequate protection payment offered \$____ per ____
Number and amount of Postpetition adequate protection payments
not made: #_____ \$_____ (Total)

2. [name]_____Regular contracted payment \$____ per ____
_____ Adequate protection payment offered \$____ per ____
Number and amount of Postpetition adequate protection payments
not made: #_____ \$_____ (Total)

3. [name]_____Regular contracted payment \$____ per ____
_____ Adequate protection payment offered \$____ per ____
Number and amount of Postpetition adequate protection payments
not made: #_____ \$_____ (Total)

4. [name]_____Regular contracted payment \$____ per ____
_____ Adequate protection payment offered \$____ per ____
Number and amount of Postpetition adequate protection payments
not made: #_____ \$_____ (Total)

5. [name]_____Regular contracted payment \$____ per ____
_____ Adequate protection payment offered \$____ per ____
Number and amount of Postpetition adequate protection payments
not made: #_____ \$_____ (Total)

[Attach a separate page for additional secured creditors]

**ATTACHMENT TO CHAPTER 11 MONTHLY REPORT
FOR THE QUARTER OF _____, 20__**

PART D: CHAPTER 11 QUARTERLY FEES

To be completed *quarterly*. Only complete the information for the *current* quarter.
Disbursements include: Sum total of disbursements from all bank accounts, including payments of operating expenses and payments to secured creditors and lessors. Disbursements do not include transfers between accounts. Quarterly fees are not prorated.

1st Quarter

Disbursements for January, 20__ :	_____	
Disbursements for February, 20__ :	_____	Amount of Fee Due: _____
Disbursements for March, 20__ :	_____	Amount Paid: _____

Total Disbursements for the 1st Quarter: _____

2nd Quarter

Disbursements for April, 20__ :	_____	
Disbursements for May, 20__ :	_____	Amount of Fee Due: _____
Disbursements for June, 20__ :	_____	Amount Paid: _____

Total Disbursements for the 2nd Quarter: _____

3rd Quarter

Disbursements for July, 20__ :	_____	
Disbursements for August, 20__ :	_____	Amount of Fee Due: _____
Disbursements for September, 20__ :	_____	Amount Paid: _____

Total Disbursements for the 3rd Quarter: _____

4th Quarter

Disbursements for October, 20__ :	_____	
Disbursements for November, 20__ :	_____	Amount of Fee Due: _____
Disbursements for December, 20__ :	_____	Amount Paid: _____

Total Disbursements for the 4th Quarter: _____

Calculating the Fee: Use the table on the following page to compute the Amount of Fee Due for each quarter.

If the amount paid differs from the amount due, please provide an explanation:

Total Disbursement for the Quarter	Amount of Fee Due
\$0 to \$14,999.00	\$250.00
\$15,000.00 to \$74,999.99	\$500.00
\$75,000.00 to \$149,999.99	\$750.00
\$150,000.00 to \$224,999.99	\$1,250.00
\$225,000.00 to \$299,999.99	\$1,500.00
\$300,000.00 to \$999,999.99	\$3,750.00
\$1,000,000.00 to \$1,999,999.99	\$5,000.00
\$2,000,000.00 to \$2,999,999.99	\$7,500.00
\$3,000,000.00 to \$4,999,999.99	\$8,000.00
\$5,000,000, 000.00 and over	\$10,000.00